

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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SPECIAL REPORTING ISSUE—2008

In Los Angeles County, more than 80 diseases are reportable by law to the local health department. Since there are several different reporting forms and procedures, this special issue was designed to facilitate disease reporting during 2008. Timely and accurate reporting of communicable diseases (both confirmed and suspected cases) is a critical component of disease surveillance, prevention and control. Delay or failure to report may contribute to secondary transmission of disease and is a misdemeanor (Health and Safety Code §12095). In addition, the potential threat of emerging diseases and bioterrorist activity further increases the need for prompt and thorough disease reporting.

Regardless of the many specific diseases itemized on the current list, any suspected unusual disease and any suspected evidence of an outbreak of disease warrants an immediate call to Acute Communicable Disease Control (213-240-7941).

Similarly, there are several diseases associated with potential bioterrorist activity that also warrant an immediate call—even if infection is merely suspected. These include: anthrax, botulism, brucellosis, plague, smallpox, tularemia, and the viral hemorrhagic fevers.

It is important to note that primary healthcare providers are frequently the first to recognize unusual occurrences or patterns of disease. As such, it is critical that healthcare providers be alert and quick to report all reportable diseases as well as any unusual occurrences. It is also important that these high priority diseases be reported immediately to local public health authorities, and not state or national authorities (e.g., CDC). Local public health departments provide guidance for testing, treatment and prophylaxis for all communicable diseases and outbreaks.

For questions about disease reporting, call Acute Communicable Disease Control (213-240-7941).

HIPAA: STANDARDS EXEMPT PUBLIC HEALTH AGENCIES

Many healthcare professionals remain unsure of the legality of disease reporting in light of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Congress established the HIPAA regulations to safeguard personal medical information from inappropriate disclosure and misuse, and full implementation was mandated in April 2003.

While much has been written about HIPAA, healthcare providers continue to question the legality of disease reporting without obtaining prior patient consent. HIPAA privacy regulations do not preclude sharing information with public health officials—in fact, HIPAA regulations contain specific language permitting reporting to public health agencies of diseases and conditions listed in state public health laws and regulations.

Patient authorization is NOT required when healthcare professionals or laboratory workers suspect or diagnose a disease of public health importance that is reportable by law in California or Los Angeles County. These public health reporting exceptions are described in Section 164.512b (p. 82813-4) under “permitted disclosures.”

The full HIPAA regulations, background, and technical assistance are available at www.hhs.gov/ocr/hipaa.

HIPAA regulations permit disease reporting to public health agencies.

THE PUBLIC'S HEALTH

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Important Changes in Reportable Diseases

Several changes have been made recently to the California Code of Regulations, Title 17, Section 2500, the official list of legally reportable diseases and conditions in California. Only those changes directed at healthcare providers are highlighted here.

Newly Reportable Diseases

- Avian influenza (human)
- Creutzfeldt-Jakob disease (CJD) and other transmissible spongiform encephalopathies (TSE)

Expanded Reporting Requirements

- Cysticercosis or taeniasis (both the larval and tapeworm stages of *Taenia solium* are now reportable)
- *Escherichia coli*: all shiga toxin producing (STEC), not only *E. coli* O157, are now reportable.

No Longer Reportable

- Anisakiasis
- Echinococcosis (Hydatid Disease)
- Lymphocytic Choriomeningitis
- Non-Gonococcal Urethritis (excluding lab-confirmed Chlamydial infections, which remain reportable)
- Reye Syndrome

*For questions about reporting or to request additional posters, please call
Acute Communicable Disease Control (213-240-7941).*

Special Cases of Influenza Are REPORTABLE in Los Angeles County

Individual cases of seasonal influenza are not routinely reportable. However, the following situations should be reported immediately by phone:

- Outbreaks of suspected influenza or other respiratory illnesses
Contact the Morbidity Unit: (888) 397-3993
- Suspected cases of avian influenza
Contact ACDC 24/7: (213) 240-7941
- Influenza-related pediatric ICU cases and pediatric deaths
Contact ACDC: (213) 240-7941

For more information about influenza in LA County, California, and across the U.S., go to <http://lapublichealth.org/acd/flu.htm>

For questions or additional information, contact Acute Communicable Disease Control
Phone: (213) 240-7941
E-mail: ACDC2@ph.lacounty.gov

If you would like to receive weekly reports summarizing influenza activity in Los Angeles County, sign-up at: www.ladhs.org/listserv (select "Public Health Topics" and then "FLUWATCH") or e-mail: LISTSERV@listserv.ladhs.org with SUBSCRIBE FLUWATCH in the body of the email.

Important Information for Immunization Providers:

On December 19 2007, the Centers for Disease Control and Prevention (CDC), in consultation with the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics, issued interim guidelines on the use of Hib vaccines during the current shortage in vaccine supply. The interim guidelines call for the temporary deferral of the routine booster dose of Hib vaccine for all children except those children who are at increased risk for Hib disease. This booster dose is normally given at 12 through 15 months of age.

Children at increased risk for Hib disease and who therefore should receive the standard number of doses of Hib vaccines, including the booster dose, are children with any of the following

conditions: asplenia, sickle cell disease, human immunodeficiency virus infection and certain other immunodeficiency syndromes, and malignant neoplasms. In addition, American Indian/Alaska Native (AI/AN) children have a significantly increased risk for Hib disease, especially in the first 6 months of life, and therefore also should not have any doses deferred.

Healthcare providers should keep track of all children for whom the booster dose was deferred in order to facilitate the recalling of these children when the supply of this vaccine improves. For additional information about these interim immunization guidelines, please consult the December 19, 2007 MMWR Dispatch www.cdc.gov/mmwr.

Animal Disease Reporting and Altruism

To get an idea of how the annual Special Reporting Issue impacted disease reporting to our Animal Diseases reporting unit, we analyzed the number of mandatory animal bite reports received in January and February for the past three years. Our findings unfortunately revealed that the number of animal bite reports remained the same.

Despite the existence of mandatory reporting laws, the under reporting of disease conditions to public health authorities is widespread. This article is a call to action for health professionals because disease reporting is a crucial component of healthcare for the population.

This article brings an important message for veterinarians as well. Though veterinarians are responsible for reporting several animal diseases, it is estimated that Public Health is notified of such diseases less than 5% of the time.

Further, they typically have even less training in the importance of reporting disease than do physicians. Besides diseases, veterinarians are also legally required to report animal cruelty and animal fighting.

Mandatory reporting laws are focused on community safety and protecting the public. One issue that concerns veterinarians when deciding whether to report suspected cases of animal cruelty, is compliance with legal and ethical obligations to maintain client

confidentiality. This need not be a concern because mandatory reporting is coupled with immunity from civil liability. Veterinarians are also concerned that reporting animal cruelty will have a negative impact on their practice. Though there is no easy answer to this concern, it is thought that requiring all veterinarians in the state to report animal cruelty will encourage compliance.

Another solution might be the approach used for physicians wherein public health agencies routinely correspond with local physicians emphasizing both the legal and public health basis for reporting conditions.

Perhaps more emphasis could be placed on altruism in disease reporting as well. Altruism regarding animals refers to behavior that is not beneficial to, or may be harmful to itself, but that benefits others of its species.

References

Brissette I, Gelberg KH, Grey AJ. The Effect of Message Type on Physician Compliance with Disease Reporting Requirements. *Public Health Reports*. November–December 2006. Vol. 121, 703–09

Babcock SL, April Neihsl A. Requirements for mandatory reporting of animal cruelty *Journal American Veterinary Medical Association*, September 1, 2006 Vol. 228, No. 5, 685–89

Disease Reporting and Altruism 2007SRPA

Separate HIV Consent Not Required

Assembly Bill 682 was signed by Governor Schwarzenegger. Effective January 1, 2008, a separate consent for HIV testing is not required. General consent for medical treatment is now sufficient for medical procedures including HIV testing. AB682 clears obstacles for the full implementation of CDC's new opt-out HIV testing guidelines issued in September 2006. For more information, visit the CDC web site at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

Avian Influenza: Maintain Heightened Awareness

Human infection with highly pathogenic avian influenza (HPAI) type A(H5N1) viruses was first recognized during the 1997 outbreak in Hong Kong. Since 2003, avian outbreaks of HPAI type A(H5N1) have occurred in poultry in Asia, Europe, Africa, and the Near East. As of December 6, 2007, the World Health Organization has confirmed 336 human cases of avian influenza A (H5N1) in Asia, Africa, the Pacific, Europe and the Near East, with a mortality rate of 60%. Indonesia and Vietnam have reported the highest number of cases to date. As of this date, H5N1 has not been identified among animals or humans in the United States.

Despite the ongoing outbreaks among domestic poultry, the number of human cases is small. In addition, the spread of H5N1 virus from person-to-person has been rare, limited and unsustained. However, this epizootic continues to pose a public health threat. Thus it is critical that healthcare professionals be vigilant when treating patients with severe pneumonia who have recently returned from outside the US.

In the case history, obtain a full travel history and exposures to domestic or wild birds, and consult with Acute Communicable Disease Control (ACDC) to evaluate such cases. If warranted epidemiologically, ACDC will provide advice on specimen collection and coordinate testing by the Public Health Laboratory.

Suspect avian influenza if your patient has an illness that:

1. requires hospitalization or is fatal; AND
2. has or had a documented temperature of $\geq 38^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$); AND
3. has radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternative diagnosis has not been established; AND
4. has at least one of the following potential exposures within 10 days of symptom onset:

- a) history of travel to a country with influenza H5N1* documented in poultry, wild birds, and/or humans, AND had potential exposures to birds during travel such as direct contact with (e.g., touching) sick or dead domestic poultry, bird feces, or wild birds OR
- b) close contact (approach within 1 meter) of an ill patient who was confirmed or suspected to have H5N1, or who was hospitalized or died due to a severe unexplained respiratory illness; OR
- c) worked with live influenza H5N1 virus in a laboratory.

*Current information on avian influenza in birds as well as humans can be found by calling ACDC or visiting the CDC web page at www.cdc.gov/flu/avian/outbreaks/current.htm.

TO OUR PATIENTS
Let us know if you have . . .

Just come back from a trip outside of the U.S.?

Been around chickens, ducks or other birds?

Been around someone else who is sick who:

- Just came back from a trip outside of the U.S.?
- Been around chickens, ducks or other birds?

County of Los Angeles
Public Health

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To order this or other additional Posters please visit:

www.lapublichealth.org/acd/HCPmaterials.htm

or call: (213) 240-7941

Los Angeles County Department of Public Health Information and Reporting Phone Numbers

	Phone Number	Hours available	Service Providers	What can be reported?
AIDS/STD				
California AIDS Hotline	1-800-367-2437	9AM-5 M,W,Thr,Fri; Tue 9AM to 9PM	General Public	Referrals for HIV/AIDS testing, case management, and services.
HIV/AIDS Surveillance	213-351-8516	8AM-5PM M-F	Healthcare providers/labs	HIV/AIDS case reporting and HIV confirmed test results.
Sexually Transmitted Disease/HIV Hotline	1-800-758-0880	8AM-5PM M-F; 24/hr msg.	Public and Healthcare providers	STD/HIV information line; Disease information available from a Health Educator; Resources
Animal Reporting				
Animal Bites and Dead Bird Reporting	1-877-747-2243	9AM-5PM M-F; 24/hr msg.	Public and Healthcare providers	Reporting of animal bites and dead birds for disease surveillance (e.g., West Nile Virus)
Children Services				
California Children Services	1-800-288-4584	7:30AM-5PM	General Public	Medical assessments and referrals.
LA County Child Health/Disability Prevention	1-800-993-2437	8:00AM-5PM	Public and Healthcare providers	Information regarding immunizations and medical examinations.
LA County Child Protection Hotline	1-800-540-4000	24 hours	Public, Healthcare providers, & Law enforcement.	Child abuse reporting, social workers available for information.
DISEASE AND ILLNESS-RELATED Information Lines				
Communicable Disease Reporting System (CDRS)	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers	Communicable disease reporting
Environmental Health Food Program	1-888-700-9995	8AM-5PM M-F monitored; 24hr line	Public and Healthcare providers	Food facility complaints and suspected food-related illness.
Health Facilities (Complaints)	1-800-228-1019	8AM-5PM M-F; 24/hr msg.	Public and Healthcare providers	Complaints about health facilities.
Health Services Information	1-800-427-8700	8AM-5PM M-F	Public and Healthcare providers	Healthcare resource information, county facility and information numbers.
LA County Alcohol and Drug Programs	1-800-564-6600	8AM-5PM M-F	General Public	Information regarding alcohol and drug treatment centers.
Lead Program: Medically elevated blood levels of lead reporting	323- 869-7195 Fax 323 890 8739	8AM-5PM M-F	Healthcare providers and labs	Reporting of medically determined high levels of lead in the blood.
Lead Program: Unsafe work practices for those working with lead-based products	1-800-524-5323	8AM-5PM M-F	General Public	Reporting unsafe methods of removing lead-based paint.
TB Control Program: Surveillance Unit	213-744-6271 or Fax 213-749-0926	8AM-5PM M-F; 24hr/ msg.	Healthcare providers	Reporting TB cases and suspected cases.

Reporting Cases of Vaccine-Preventable Diseases to the Health Department

Why is it important ?

The Health Department plays a vital role in controlling the spread of vaccine-preventable diseases in the community. Timely reporting to the Health Department of suspected and confirmed cases is critically important for our control measures and is legally required of every health care provider. The confidentiality of patient information is protected by law.

Disease	Reporting Procedure
Diphtheria	Report immediately to Acute Communicable Disease Control (ACDC) by phone (213) 240-7941. After-hours, report to (213) 974-1234 for release of anti-toxin.
<i>Haemophilus influenzae</i> , invasive disease (report cases <15 years of age) Hepatitis A Measles (Rubeola) Pertussis (Whooping cough) Poliomyelitis, paralytic Rubella (German measles) Rubella syndrome, congenital Varicella (Chickenpox) (only hospitalizations and deaths)	Report by mail, phone, or fax within 1 working day of identification of the case or suspected case. Phone: (888) 397-3993 Fax: (888) 397-3778 After-hours, please call (213) 974-1234. The Immunization Program requests an immediate phone call for measles and rubella cases and suspects, and varicella hospitalizations and deaths to (213) 351-7800.
Hepatitis B (specify acute or chronic case) Influenza deaths and pediatric ICU cases (report cases <18 years of age) Mumps Pneumococcal, invasive disease* Tetanus	Report by mail, phone, or fax within 7 calendar days of identification of the case or suspected case. Phone: (888) 397-3993 Fax: (888) 397-3778 After-hours, please call (213) 974-1234.
Outbreaks of any disease	Report immediately to the Communicable Disease Reporting System by phone (888) 397-3993 Report varicella outbreaks (routinely 5 or more cases, but 2 or more cases in sensitive settings) to the Immunization Program at (213) 351-7800. After-hours, please call (213) 974-1234

*Required in Los Angeles County. Use the IPD report form available at <http://lapublichealth.org/acd/EpiForms/>

Where and how do I report these diseases?

The Confidential Morbidity Report (CMR) form is available from the Morbidity Central Reporting Unit (MCRU), or from the Department of Public Health web site at www.lapublichealth.org/acd/reports/acdcmr.pdf. Cases can be reported to the Communicable Disease Reporting System (CDRS) by telephone (888) 397-3993 or fax (888) 397-3778.

Cases among residents of Long Beach or Pasadena should be reported to those city health departments.

For residents of Los Angeles County report to:	For residents of Long Beach and Pasadena report to:	For additional information about vaccine-preventable disease reporting:
Communicable Disease Reporting System Hotline: (888) 397-3993 Fax: (888) 397-3778	Long Beach City Health Dept. Epidemiology Phone: (562) 570-4302 Fax: (562) 570-4374 After-hrs.: (562) 435-6711	Immunization Program Epidemiology Unit Phone: (213) 351-7800 Fax: (213) 351-2782
Morbidity Central Reporting Unit Phone: (213) 240-7821 Mail: 313 N. Figueroa, Rm. 117, LA, CA 90010	Pasadena City Health Dept. Public Health Nursing Phone: (626) 744-6000 Fax: (626) 744-6115	



LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE
CONFIDENTIAL MORBIDITY REPORT



DATE OF REPORT - - REPORT ☐ New REPORT ☐ Update
STATUS: ☐ Update DONE BY:

1 **PROVIDER**

DIAGNOSING MEDICAL PRACTITIONER (LAST NAME & FIRST NAME) TITLE ABBREVIATION

FACILITY/CLINIC NAME SUITE/UNIT NO.

FACILITY/CLINIC STREET ADDRESS

CITY/TOWN CLINIC STAMP

STATE OFFICE TEL. - -

ZIP CODE OFFICE FAX -

2 **PATIENT INFORMATION**

PATIENT'S LAST NAME FIRST NAME M.I.

MEDICAL RECORD NUMBER SOCIAL SECURITY NUMBER - - OCCUPATION

PATIENT'S STREET ADDRESS APT/UNIT NO.

CITY/TOWN STATE ZIP CODE

DAY TEL. - - AGE: BIRTHDATE: - -

EVENING TEL. - - PREGNANT? ☐ Unknown ☐ No ☐ Yes ☐ If yes, date of LMP: - -

GENDER: ☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Unknown ☐ Other

MARITAL STATUS: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Living with Partner

RACE (X all that apply): ☐ White ☐ Black or African American ☐ Native American or Alaska Native ☐ Asian or Asian American ☐ Native Hawaiian or Pacific Islander ☐ Unknown ☐ Other:

ETHNICITY (X only one): ☐ Hispanic or Latino ☐ Non-Hispanic/Non-Latino

GENDER of SEX PARTNERS: ☐ Male ☐ Female ☐ Transgender (M to F) ☐ Transgender (F to M) ☐ Other ☐ Unknown ☐ Refused

HIV cases must be reported to LA County HIV Epidemiology Program (see section 5)

3 **DIAGNOSIS & TREATMENT**

CHLAMYDIA (including PID)

DIAGNOSIS (X one): ☐ Asymptomatic ☐ Symptomatic - uncomplicated ☐ Pelvic Inflammatory Disease ☐ Ophthalmia/Conjunctivitis ☐ Other:

SITE / SPECIMEN(S) (X all that apply): ☐ Urine ☐ Cervix ☐ Vagina ☐ Urethra ☐ Rectum ☐ Nasopharynx ☐ Other:

Specimen Collection Date: - - **Treatment Date:** - - ☐ Not treated

Medication & Dose:

Partner Information: Number partners (last 60 days) Number treated (not including PDPT) Number Given Patient Delivered Partner Therapy (PDPT)

GONORRHEA (including PID)

DIAGNOSIS (X one): ☐ Asymptomatic ☐ Symptomatic - uncomplicated ☐ Pelvic Inflammatory Disease ☐ Ophthalmia/Conjunctivitis ☐ Disseminated ☐ Other:

SITE / SPECIMEN(S) (X all that apply): ☐ Urine ☐ Cervix ☐ Vagina ☐ Urethra ☐ Rectum ☐ Nasopharynx ☐ Other:

Specimen Collection Date: - - **Treatment Date:** - - ☐ Not treated

Medication & Dose:

Partner Information: Number partners (last 60 days) Number treated (not including PDPT) Number Given Patient Delivered Partner Therapy (PDPT)

SYPHILIS, CONGENITAL SYPHILIS, OTHER REPORTABLE STDs AND REPORTING INFORMATION ON BACK PAGE.

PATIENT'S LAST NAME (COMPLETE SECTIONS 1 & 2 FIRST)

FIRST NAME

M.I.

ADULT SYPHILIS

3
cont.

DIAGNOSIS & TREATMENT

<input type="checkbox"/> Primary Syphilis Onset Date: <input type="text"/> - <input type="text"/> - <input type="text"/>	LESION SITES (X all that apply): <input type="checkbox"/> Genital <input type="checkbox"/> Rectum <input type="checkbox"/> Oral <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Vagina <input type="checkbox"/> Perirectal
<input type="checkbox"/> Secondary Syphilis Onset Date: <input type="text"/> - <input type="text"/> - <input type="text"/>	SYMPTOMS (X all that apply): <input type="checkbox"/> Palmar/Plantar Rash <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> General Body Rash <input type="checkbox"/> Alopecia
<input type="checkbox"/> Early Latent (≤ 1 Year) <input type="checkbox"/> Late Latent (>1 Year) <input type="checkbox"/> Latent, Unknown Duration	<input type="checkbox"/> Late Syphilis <input type="checkbox"/> Neurosyphilis DESCRIBE SYMPTOMS: <input type="text"/> (The diagnosis of neurosyphilis must be accompanied by a staged diagnosis)
Specimen Collection Date: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> RPR or <input type="checkbox"/> VDRL } Titer: <input type="text"/> I : <input type="checkbox"/> TP-PA or <input type="checkbox"/> FTA-ABS or <input type="checkbox"/> Other } Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CSF-VDRL Titer: <input type="text"/> I :	PARTNER INFORMATION: Number elicited: <input type="text"/> Number treated: <input type="text"/> Patient Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give treatment/dose & dates below) DATE(S) TREATED <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> MEDICATION / DOSE <input type="text"/> <input type="text"/> <input type="text"/>

CONGENITAL SYPHILIS (SEPARATE CMRS SHOULD BE SUBMITTED FOR MOTHER & INFANT)

A

B

INFANT INFORMATION (complete sections A & B if this is mother's CMR; Complete only B if this is infant's CMR)	MATERNAL INFORMATION (complete if this is infant's CMR)
INFANT'S LAST NAME <input type="text"/>	MOTHER'S LAST NAME <input type="text"/>
INFANT'S FIRST NAME <input type="text"/>	MOTHER'S FIRST NAME <input type="text"/>
INFANT'S BIRTH DATE <input type="text"/> - <input type="text"/> - <input type="text"/> GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MOTHER'S BIRTH DATE <input type="text"/> - <input type="text"/> - <input type="text"/> Lumbar Puncture Done: <input type="checkbox"/> Yes <input type="checkbox"/> No
WEIGHT (grams) <input type="text"/> GESTATION (wks) <input type="text"/> <input type="checkbox"/> Live Birth <input type="checkbox"/> Still Birth	MOTHER'S SEROLOGY AT DELIVERY Lab Test Date: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> RPR or <input type="checkbox"/> VDRL } Titer: <input type="text"/> I : <input type="checkbox"/> TP-PA or <input type="checkbox"/> FTA-ABS or <input type="checkbox"/> Other } Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No
DESCRIBE SYMPTOMS: <input type="text"/> <input type="checkbox"/> None Long Bone X-rays: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done Serum RPR Lab. Test Date: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive <input type="checkbox"/> Not Done Titer 4x> mothers? <input type="checkbox"/> Yes <input type="checkbox"/> No DATE INFANT TREATED <input type="text"/> - <input type="text"/> - <input type="text"/> MEDICATION / DOSE <input type="text"/>	MOTHER'S STAGE OF SYPHILIS AT DIAGNOSIS <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent (≤ 1 Year) <input type="checkbox"/> Late Latent (>1 Year) <input type="checkbox"/> Latent, Unknown Duration <input type="checkbox"/> Late Syphilis DATE(S) TREATED <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> MEDICATION / DOSE <input type="text"/> <input type="text"/> <input type="text"/>

OTHER REPORTABLE STDs

DIAGNOSIS	TREATED	DATE TREATED	MEDICATION / DOSE
<input type="checkbox"/> Pelvic Inflammatory Disease (complete if chlamydia & gonorrhea tests are negative or not available. If either test is positive, report in chlamydia &/or gonorrhea sections)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/> LGV	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Chancroid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

4

SEND

FAX BOTH SIDES TO: (213) 749-9602
or
MAIL TO: STD PROGRAM
2615 S. GRAND AVENUE, RM. 450
LOS ANGELES, CA 90007

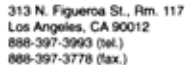
5

INFO

TO REQUEST CMR FORMS & ENVELOPES: Call (213) 741-8000 or
DOWNLOAD at: www.lapublichealth.org/std/providers.htm

FOR CASE DEFINITIONS & REPORTING QUESTIONS:
Visit www.lapublichealth.org/std/providers.htm or call (213) 744-3106

FOR HIV REPORTING: Call: (213) 351-8516 or visit www.lapublichealth.org/hiv



DISEASE BEING REPORTED:				DISTRICT CODE (internal use only):			
Patient's Last Name:			Social Security Number: _____ - _____ - _____			Ethnicity (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic / Non-Latino	
First Name and Middle Name (or initial):			Birthdate (MM/DD/YYYY): ____/____/____		Age:		Race (check one): <input type="checkbox"/> White <input type="checkbox"/> African American / Black <input type="checkbox"/> Native American / Alaskan Native <input type="checkbox"/> Other _____ <input type="checkbox"/> Asian / Pacific Islander (check one below): <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Cambodian <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Laotian <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Hawaiian <input type="checkbox"/> Other _____
Address (Street and number):							
City/Town:			State:		Zip Code:		
Home Telephone Number: ()			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female → Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Estimated Delivery Date (MM/DD/YYYY): ____/____/____				
Work Telephone Number: ()							
Patient's Occupation or Setting: <input type="checkbox"/> Day Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Food Service: (Explain) _____ <input type="checkbox"/> Health Care <input type="checkbox"/> School <input type="checkbox"/> Other: (Explain) _____							
Date of Onset (MM/DD/YYYY): ____/____/____		Health Care Provider:					
Date of Diagnosis (MM/DD/YYYY): ____/____/____		Health Care Facility:					
Date of Hospitalization (MM/DD/YYYY): ____/____/____		Address:					
Date of Death (MM/DD/YYYY): ____/____/____		City:					
		Telephone:			FAX:		
		Submitted by:			Date CMR submitted (MM/DD/YYYY): ____/____/____		
Risk Factors / Suspected Exposure Type: (check all that apply) <input type="checkbox"/> Blood transfusion <input type="checkbox"/> Needle or blood exposure <input type="checkbox"/> Child care <input type="checkbox"/> Recreational water exposure <input type="checkbox"/> Food / drink <input type="checkbox"/> Sexual activity <input type="checkbox"/> Foreign travel <input type="checkbox"/> Unknown <input type="checkbox"/> Household exposure <input type="checkbox"/> Other (specify) _____							
Type of diagnostic specimen: (check all that apply) <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Stool <input type="checkbox"/> Urine <input type="checkbox"/> Clinical <input type="checkbox"/> No test <input type="checkbox"/> Other _____							
Hepatitis Diagnosis: <input type="checkbox"/> Hep A, acute <input type="checkbox"/> Hep B, acute <input type="checkbox"/> Hep B, chronic <input type="checkbox"/> Hep C, acute <input type="checkbox"/> Hep C, chronic <input type="checkbox"/> Hep D <input type="checkbox"/> Other Hepatitis		Type of Hepatitis Testing (check all that apply): Pos. Neg. Pend. Not Done anti-HAV IgM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HBsAg <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-HBc (total) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-HBc IgM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-HBs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-HCV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> — anti-HCV signal to cut-off ratio = _____ PCR-HCV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> anti-Delta <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other test <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> specify _____					
Elevated LFTs? <input type="checkbox"/> No <input type="checkbox"/> Yes → ALT _____ AST _____ Jaundiced? <input type="checkbox"/> No <input type="checkbox"/> Yes		DO NOT use this form to report HIV/AIDS, chancroid, chlamydia infections, gonorrhea, non-gonococcal urethritis, pelvic inflammatory disease, syphilis, or tuberculosis. For HIV and AIDS : report to the HIV Epidemiology Program. Reporting information and forms are available by phone (213-351-8516) or at: www.lapublichealth.org/hiv/index.htm For Pediatric AIDS : report to the Pediatric HIV/AIDS Reporting Program. Reporting information is available by calling (213) 351-7319 For Tuberculosis : report cases and suspected cases to the TB Control Program within 24 hours of identification. Reporting information is available by phone (213-744-6160) or at: www.lapublichealth.org/tb/index.htm Fax reports to: 213-744-0926. For STDs: The STDs that are reportable to the STD Program include: chlamydial infections, syphilis, gonorrhea, chancroid, non-gonococcal urethritis (NGU), and pelvic inflammatory disease. Reporting information is available by phone (213-744-3070) or at: www.lapublichealth.org/std/index.htm					
REMARKS:							

REPORTABLE DISEASES AND CONDITIONS**Title 17, California Code of Regulations (CCR), § 2500**

It is the duty of every healthcare provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Healthcare provider" encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case.

Urgency Reporting Requirements

☎ = Report immediately by telephone. ☒ = Report within 1 working day of identification. ⌚ = Report within 7 calendar days from time of identification.

REPORTABLE DISEASES

- ⌚ Acquired Immune Deficiency Syndrome (AIDS) ■
- ☒ Amebiasis
- ☎ Anthrax
- ☎ Avian Influenza, Human
- ☒ Babesiosis
- ☎ Botulism: Infant, Foodborne, or Wound
- ☎ Brucellosis
- ☒ Campylobacteriosis
- ⌚ Chancroid ■
- ⌚ Chlamydial Infections, including lymphogranuloma venereum (LGV) ■
- ☎ Cholera
- ☎ Ciguatera Fish Poisoning
- ⌚ Coccidioidomycosis
- ☒ Colorado Tick Fever
- ☒ Conjunctivitis, Acute Infections of the Newborn, specify etiology
- ⌚ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
- ☒ Cryptosporidiosis
- ⌚ Cysticercosis or Taeniasis
- ☎ Dengue
- ☎ Diarrhea of the Newborn, outbreaks only
- ☎ Diphtheria
- ☎ Domoic Acid (Amnesic Shellfish) Poisoning
- ⌚ Ehrlichiosis
- ☒ Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- ☎ *Escherichia coli*: shiga toxin producing (STEC) including *E. coli* O157
- ☒ Foodborne Disease:
 - ☎ 2 or more cases from separate households with same suspected source
- ⌚ Giardiasis
- ⌚ Gonococcal Infections ■
- ☒ *Haemophilus influenzae*, invasive disease (only report cases less than 15 years of age)

- ☎ Hantavirus Infections
- ☎ Hemolytic Uremic Syndrome
- ☎ Hemorrhagic Fevers, Viral (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
- ☒ Hepatitis A
- ⌚ Hepatitis B, specify Acute or Chronic
- ⌚ Hepatitis C, specify Acute or Chronic
- ⌚ Hepatitis D (Delta)
- ⌚ Hepatitis, Other/Acute
- ⌚ Human Immunodeficiency Virus (HIV) ■ (\$2641-2643)
- ⌚ Influenza deaths (Only report cases less than 18 years of age)
- ⌚ Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)
- ⌚ Legionellosis
- ⌚ Leprosy (Hansen's Disease)
- ⌚ Leptospirosis
- ☒ Listeriosis
- ⌚ Lyme Disease
- ☒ Malaria
- ☒ Measles (Rubeola)
- ☒ Meningitis, specify etiology: Viral, Bacterial, Fungal, or Parasitic
- ☎ Meningococcal Infections
- ⌚ Mumps
- ☎ Paralytic Shellfish Poisoning
- ⌚ Pelvic Inflammatory Disease (PID) ■
- ☒ Pertussis (Whooping Cough)
- ☎ Plague, Human or Animal
- ☒ Poliomyelitis, Paralytic
- ☒ Psittacosis
- ☒ Q Fever
- ☎ Rabies, Human or Animal
- ☒ Relapsing Fever
- ⌚ Rheumatic Fever, Acute
- ⌚ Rocky Mountain Spotted Fever
- ⌚ Rubella (German Measles)
- ⌚ Rubella Syndrome, Congenital
- ☒ Salmonellosis (other than Typhoid Fever)
- ☎ SARS (Severe Acute Respiratory Syndrome)
- ☎ Scabies (Atypical or Crusted) ★
- ☎ Scombroid Fish Poisoning

- ☎ Shiga Toxin (detected in feces)
- ☒ Shigellosis
- ☎ Smallpox (Variola)
- ☒ Streptococcal Infections:
 - ☎ Outbreaks of any type
 - ☒ Individual case in a food handler
 - ☒ Individual case in a dairy worker
 - ☒ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★
 (Do not report individual cases of pharyngitis or scarlet fever.)
- ⌚ *Streptococcus pneumoniae*, Invasive ★
- ☒ Syphilis ■
- ⌚ Tetanus
- ⌚ Toxic Shock Syndrome
- ⌚ Toxoplasmosis
- ☒ Trichinosis
- ☒ Tuberculosis ■
- ☎ Tularemia
- ☒ Typhoid Fever, cases and carriers
- ⌚ Typhus Fever
- ☎ Varicella, Fatal Cases
- ⌚ Varicella, Hospitalized Cases (do not report cases of herpes zoster or shingles)
- ☒ *Vibrio* Infections
- ☒ Water-Associated Disease (e.g., Swimmer's Itch or Hot Tub Rash)
- ☒ West Nile Virus (WNV) Infection
- ☎ Yellow Fever
- ☒ Yersiniosis

☎ OCCURRENCE OF ANY UNUSUAL DISEASE

☎ OUTBREAKS OF ANY DISEASE
(Including diseases not listed in §2500).
Specify if institutional diseases and/or open community.

★ Reportable to the Los Angeles County Department of Public Health.

✚ Bacterial isolates and malarial slides must be forwarded to L.A. County Public Health Laboratory for confirmation. Healthcare providers must still report all such cases separately.

■ For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:

HIV Epidemiology Program

213-351-8516

www.lapublichealth.org/hiv/index.htm**STD Program**

213-744-3070

www.lapublichealth.org/std/index.htm**TB Control Program**

213-744-6271 (for reporting) 213-744-6160 (general)

www.lapublichealth.org/tb/index.htm**Non-communicable Diseases or Conditions**

⌚ Alzheimer's Disease and Related Conditions
(CCR § 2802, § 2806, § 2810)

⌚ Disorders Characterized by Lapses of
Consciousness (CCR § 2806, § 2810)

☒ Pesticide-Related Illnesses (Health and Safety
Code § 105200)

To report a case or outbreak of any disease contact the Communicable Disease Reporting System

Tel: 888-397-3993 • Fax: 888-397-3778

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)**I. This is for Health Department use. Uniquely identifying information is not transmitted to the Centers for Disease Control and Prevention.**

Patient's name (last, first, MI)		Telephone number ()	Social Security Number	
Address (number, street)		City	County	State ZIP code

Date form completed Month Day Year		Report status 1 New 2 Update	II. Health Department Use Only		
Report source	Reporting health department	State patient number	City/county patient number		
Soundex code	Date of birth Month Day Year	Gender 1 M 3 M>F 2 F 4 F>M	CLIA number	Lab report/Accession number	*Confidential C&T number
*Publicly funded confidential counseling and testing sites only					

III. Demographic Information

Diagnosis status at report (check one)	Age at Diagnosis Years	Current status 1 Alive 2 Dead 9 Unknown	Date of death Month Day Year	State/Territory of death
1 HIV Infection (not AIDS)				
2 AIDS				
ETHNICITY	RACE		Country of birth	
1 Hispanic	American Indian/Alaskan Native		1 U.S.	
2 Not Hispanic nor Latino	Black or African American		7 U.S. Territories (including Puerto Rico)	
	Native Hawaiian/Other Pacific Islander		8 Other (specify):	
	White		9 Unknown	
Expanded race (specify):				
<input type="checkbox"/> Check if HIV infection is presumed to have been acquired outside United States and Territories. Specify country:				
Residence at first diagnosis of HIV or AIDS: <input type="checkbox"/> Homeless (Must use city/county/ZIP code of local health department (LHD) or facility of diagnosis.)				
City	County	State/Country	ZIP code	

IV. Facility of Diagnosis (LHDs use approved abbreviations from "Facility List.")

Facility name	City	State/Country
Facility setting (check one)	Facility type (check one)	
1 Public 3 Federal	01 Physician, HMO	36 Adult HIV Clinic
2 Private 9 Unknown	29 Community Health Center	31 Hospital, inpatient
	30 Correctional Facility	88 Other (specify):
	22 Counseling and Testing Site	32 Hospital, outpatient
		99 Unknown

V. Patient Risk History (Check all that apply.)

• Sex with a male	Yes No Unknown	1 0 9	• Received clotting factor for hemophilia/coagulation disorder	Yes No Unknown	1 0 9
• Sex with a female	Yes No Unknown	1 0 9	Specify disorder:		
• Injected nonprescription drugs	Yes No Unknown	1 0 9	1 Factor VIII (Hemophilia A) 2 Factor IX (Hemophilia B)		
• HETEROSEXUAL relations with any of the following:	Yes No Unknown	1 0 9	8 Other (specify):		
• Intravenous/injection drug user	Yes No Unknown	1 0 9	• Received transfusion of blood/components (other than clotting factor)	Month Year	Month Year
• Bisexual male	Yes No Unknown	1 0 9	First: Last:		
• Person with hemophilia/coagulation disorder	Yes No Unknown	1 0 9	• Received transplant of tissue/organs or artificial insemination.	Yes No Unknown	1 0 9
• Transfusion recipient with documented HIV infection	Yes No Unknown	1 0 9	• Worked in a health care or clinical laboratory setting	Yes No Unknown	1 0 9
• Transplant recipient with documented HIV infection	Yes No Unknown	1 0 9	(Specify occupation):	Yes No Unknown	1 0 9
• Person with AIDS or documented HIV infection, risk not specified	Yes No Unknown	1 0 9	• Perinatally-acquired HIV infection regardless of year of birth	Yes No Unknown	1 0 9
	Yes No Unknown	1 0 9	• Other (specify)	Yes No Unknown	1 0 9

VI. Laboratory Data (Indicate first documented test(s).)

A. HIV Antibody Test at Initial HIV/AIDS Diagnosis		Month Day Year
• HIV-1 EIA		
• HIV-1/HIV-2 combination EIA		
• Rapid HIV-1 EIA		
• HIV-1 Western Blot/IFA		
• Other HIV antibody test		
(Specify):		
B. Positive HIV Detection Test (Record earliest test.)		Month Day Year
<input type="checkbox"/> Culture <input type="checkbox"/> Antigen <input type="checkbox"/> DNA PCR <input type="checkbox"/> RNA PCR		
<input type="checkbox"/> Other (specify):		
Date of last documented negative HIV test	Month Day Year	
Specify type:		
Specify facility type (use codes in Section IV):		
01 22 29 30 31 32 99 88 (Specify):		
If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician?	Yes No Unknown	1 0 9
Month Day Year		
If yes, provide date of documentation by physician	Month Day Year	
C. HIV Viral Load Test (Record earliest test.)		Month Day Year
Test type: Version:		
Other (specify type and version):		
Test result (Record in copies/mL and log ₁₀ values.)		
<input type="checkbox"/> Detectable	Copies/mL: Log ₁₀ : Greater than: Less than:	
<input type="checkbox"/> Undetectable		
* Test type and version: 11 = NucleicSense HIV-1 QT (Organon-NASBA) 12 = AmpliCor HIV-1 Monitor (Roche-RT-PCR), version: 1.0 or 1.5 13 = Bayer/Chiron (pDNA), version: 2.0 or 3.0 18 = Other (kit name/manufacture/version)		
D. Immunologic Lab Tests - At or closest to current diagnostic status		
• CD4 count	cells/μl	Month Day Year
• CD4 percent	%	Month Day Year
First <200 μl or <14%		
• CD4 count	cells/μl	Month Day Year
• CD4 percent	%	Month Day Year

VII. Provider Information

Physician's name (last, first, MI)				Physician's telephone number ()		Patient's/inmate's medical record number	
Address (number, street)		City	State	ZIP code	Person completing form		Telephone number ()

VIII. Clinical Status

Clinical record reviewed	Yes	No	Enter date patient was diagnosed as:	Month	Day	Year
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	• Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy).....			
			• Symptomatic (not AIDS).....			

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Month	Year		Def.	Pres.	Month	Year
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Candidiasis, esophageal	1	2			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Carcinoma, invasive cervical	1	NA			Lymphoma, primary in brain	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			<i>Mycobacterium avium</i> complex or <i>M. kansasii</i> , disseminated or extrapulmonary	1	2		
Cryptococcosis, extrapulmonary	1	NA			<i>M. tuberculosis</i> , pulmonary*	1	2		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA			<i>M. tuberculosis</i> , disseminated or extrapulmonary*	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA			<i>Mycobacterium</i> of other species or unidentified species, disseminated or extrapulmonary	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			<i>Pneumocystis jirovecii</i> pneumonia (PCP)	1	2		
HIV encephalopathy	1	NA			Pneumonia, recurrent, in 12-month period	1	2		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Salmonella septicemia, recurrent	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA			Toxoplasmosis of brain	1	2		
Kaposi's sarcoma	1	2			Wasting syndrome due to HIV	1	NA		

Def. = definitive diagnosis

Pres. = presumptive diagnosis

* RVCT case number:

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition?

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection?.....	Yes	No	Unknown	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:				
<input type="checkbox"/> Health Department	<input type="checkbox"/> Physician/Provider	<input type="checkbox"/> Patient	<input type="checkbox"/> Unknown	
This patient is receiving or has been referred for:	Yes	No	NA	Unknown
• HIV-related medical services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Substance abuse treatment services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This patient received or is receiving:	Yes	No	Unknown	
• Antiretroviral therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• PCP prophylaxis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
This patient has been enrolled at:				
Clinical Trial	Clinic			
<input type="checkbox"/> NIH-sponsored	<input type="checkbox"/> HRSA-sponsored			
<input type="checkbox"/> Other	<input type="checkbox"/> Other			
<input type="checkbox"/> None	<input type="checkbox"/> None			
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			
This patient's medical treatment is primarily reimbursed by:				
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Private insurance/HMO			
<input type="checkbox"/> No coverage	<input type="checkbox"/> Other public funding			
<input type="checkbox"/> Clinical trial/government program	<input type="checkbox"/> Unknown			

For women: • This patient is receiving or has been referred for gynecological or obstetrical services.....

• This patient is currently pregnant.....

• This patient has delivered live born infant(s).....

(If yes, provide birth information below for the most recent birth.)

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's date of birth Month Day Year	Hospital of birth	Child's Surname	Health Department Use Only Child's state patient number
<input type="text"/>	City	<input type="text"/>	<input type="text"/>
	State		

X. HIV Incidence

Has the patient ever tested negative for HIV? _____ Yes; _____ No (If this is first ever HIV test); _____ Unknown; _____ Refused

If yes, date of last negative _____ (MM/DD/YYYY)

If yes, how many times did the patient test for HIV in the 2 years before the FIRST positive test?

_____ times tested negative+1 positive test= _____ total number of tests;

_____ Unknown; _____ Refused

Has the patient taken any antiretrovirals (to treat HBV, HIV, for recreational use or for any other reason)?

_____ Yes; _____ No; _____ Unknown; _____ Refused

If yes, name of medications taken _____

Start date (MM/DD/YYYY): _____ End date (MM/DD/YYYY): _____

XII. Comments

XI. Patient's street address at time of diagnosis:

XII. First lab test result on or after 4/17/2006:

Any Viral Load: Date: _____ Result: _____

☐ Copies/mL ☐ Log; Test Type: _____

Positive WB/IFA: Date: _____

Assigned to: _____ Reviewed by: _____ Entered by: _____

MAIL COMPLETED FORM TO: LOS ANGELES COUNTY DEPT OF PUBLIC HEALTH
600 S. COMMONWEALTH AVE, SUITE 1260, LOS ANGELES, CA 90005

Los Angeles County
Phone: (213)744-6160
Fax: (213)749-0926

Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of
Public Health
Rev: 7/06

Under California law, all TB suspects and cases must be reported within one working day

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#
Patient's Address	City	State	Zip	County	Phone () -	
Occupation	Country of Birth	Date Arrived in U.S. / /	Medical Record Number			

(mark one) **Race:** ☐ White ☐ Black ☐ Asian spec. _____ ☐ Pacific Islander spec. _____ ☐ Alaska Native ☐ American Indian
(mark one) **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Previous TB Skin Test: Date: / / _____ mm of induration Current TB Skin Test: Date: / / _____ mm of induration	Chest X-ray date: / / <input type="checkbox"/> Normal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory Impression: _____ _____	<input type="checkbox"/> Check here if Reporting a Skin Test Reactor age 3 and under <u>only</u>
---	--	---

Complete for TB Suspect/Case Only

Active Disease

Site of Disease

- ☐ TB Suspect ☐ Pulmonary TB
☐ TB Case ☐ Extra-pulmonary TB Specify Site: _____

Cough and/or Sputum production <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset / /	Date of Diagnosis / /	Date of Death / /
--	----------------------	--------------------------	----------------------

Bacteriology

☐ Not Done

Date Collected	Specimen Type	Smear AFB	Culture MTB

Lab Name: _____

Treatment

☐ Not Started

Drug	Dose	Start Date
INH		
Rifampin		
EMB		
PZA		
Rifamate®		
Rifater®		
Other		

Phone: () -

Remarks:

For the TB Control Use

☐ New or ☐ Open
DP#: _____

☐ Close date _____

☐ Conf. date _____

☐ TB or ☐ PMD

☐ Faxed date _____

☐ Faxed date _____

cc: _____

Reporting Health Care Provider	Telephone Number ()	Fax Number ()
Reporting Health Care Facility Address	Submitted By	Date Submitted

County of Los Angeles ★ Department of Public Health

Tuberculosis Control Program

2615 S. Grand Ave., Room 507 Los Angeles, CA 90007

WHY DO YOU REPORT?

Because it is required! Reporting of all patients with confirmed or suspect Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within one working day of diagnosis. HSC Section 121361 also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Local Health Officer (i.e. TB Controller).

WHO MUST REPORT?

1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within one working day from the time of identification.
2. The director of any clinical lab or designee must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified (California Code of Regulations Section 2505).

WHEN DO YOU REPORT?

1. When the following conditions are present:
 - ★ signs and symptoms of tuberculosis are present, and /or
 - ★ the patient has an abnormal chest x-ray consistent with tuberculosis, or
 - ★ the patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB).
3. When the patient has a positive culture for *M.tuberculosis* complex (i.e., *M.tuberculosis*, *M.bovis*, *M.canettii*, *M.africanum*, *M.microti*)
4. When a pathology report is consistent with tuberculosis.
5. When a patient age 3 years or younger has a positive Tuberculin skin test and normal CXR.

DELAY OR FAILURE TO REPORT:

Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the **California Code of Regulations**, Title 16 (section 1364.10), failure to report a communicable disease is a violation of State regulations subject to a citation(s) and monetary fine(s).

The Medical Board of California determined failure to report in a timely manner a citable offense under **California Business and Professions Code** (Section 2234), "Unprofessional Conduct."

HOW DO YOU REPORT?

The Confidential Morbidity Report (CMR) form on the other side is to be completed in its entirety and submitted to Tuberculosis Control:

1. **BY FAX:** (213) 749-0926
- or
2. **BY PHONE:** (213) 744-6160

After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voicemail.

**VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM****TEL: (877) 747-2243 FAX: (562) 401-7112****<http://lapublichealth.org/vet>****MEDICAL AND OTHER ORGANIZATIONS
ANIMAL BITE REPORTING FORM****PERSON BITTEN**

Victim name (last and first)		Date of Birth	Address (number, street, city and zip)	
Victim phone number		Reported by:		Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city and zip code)		Body location bitten
How bite occurred (explain)				
Date Treated	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by		Phone number
Type of treatment				

ANIMAL

Owner Name (last and first)		Address (number, street city and zip)		
Phone Number	Type of animal <input type="checkbox"/> Dog Breed _____ <input type="checkbox"/> Cat Breed _____ <input type="checkbox"/> Other _____		Description of animal (sex, color)	
Animal Impounded <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what shelter			Impound #

Remarks

Facility Taking Report:

Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No	Initials
------	------	---	----------

DISEASE REPORTING FORMS INDEX

All Los Angeles County Department of Public Health case reporting forms are available by calling the respective programs and through their web sites. The following forms are included in this issue:

Los Angeles County Department of Health Services, Reportable Diseases and Conditions

Morbidity Unit.....888-397-3993
Acute Communicable Disease Control.....213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Confidential Morbidity Form

Morbidity Unit.....213-240-7821
Acute Communicable Disease Control.....213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Adult HIV/AIDS Case Report Form (revised 6/06)

For patients over 13 years of age at time of diagnosis.
Pediatric cases see below.
HIV Epidemiology Program.....213-351-8516
www.lapublichealth.org/HIV/hivreporting.htm

Sexually Transmitted Disease Confidential Morbidity Report STD Program

.....213-744-3070
www.lapublichealth.org/std/providers.htm (web page)
<http://lapublichealth.org/std/index.htm> (form only)

Confidential Morbidity Report of Tuberculosis (TB) Suspects and Cases (revised 7/06)

Tuberculosis Control.....213-744-6160
www.lapublichealth.org/tb/forms/cmr.pdf

Animal Bite Report Form

Veterinary Public Health.....877-747-2243
www.lapublichealth.org/vet/biteintro.htm

Not included in this issue:

Pediatric HIV/AIDS Case Report Form

(patients less than 13 years of age at time of diagnosis)
Pediatric AIDS Surveillance Program.....213-351-7319
** Must first call program before reporting. **
www.lapublichealth.org/hiv/hivreporting.pdf

Animal Diseases and Syndrome Report Form (online):

Veterinary Public Health.....562-401-7088
www.lapublichealth.org/vet/disintro.htm

Lead Reporting Form

Lead Program.....323-869-7195
Fax.....323-890-8739
Call program to obtain reporting information.

Report-A-Problem Link:

www.lapublichealth.org/repprob.htm

In loving memory...

Tony Taweesup

From the beginning planning stages of **The Public's Health** Tony's great eye for design was instrumental in creating the vision and direction for the newsletter. He was a valued co-worker and thoughtful friend to many. He will be greatly missed.



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THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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Public Health

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